	CHEDULE A (FEC Form 3) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 27 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Trent for Congress	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Cheryl Smith Mailing Address 6354 Forest Ave City Hammond FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: 2010 Primary X General Other (specify)	State Zip Code IN 46324-1013 C Occupation former Federal employee Election Cycle-to-Date 250.00	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) Bob Spohr Mailing Address 1411 S Center Rd City Boonville FEC ID number of contributing federal political committee. Name of Employer Deaconess Healthcare Receipt For: 2010 Primary X General Other (specify)	State Zip Code IN 47601-8708 C Occupation Phylician Election Cycle-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 c.	Full Name (Last, First, Middle Initial) Matthew T Troyer Mailing Address 13660 Conner Knoll P City Fishers FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: 2010 Primary X General Other (specify)	State Zip Code IN 46038-3487 C Occupation Attorney Election Cycle-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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